Franciscan Stewardship Initiative – Clinical Operations

FA CVM COPD Care Map

Target Length of Stay: 3.5 Days

	Early Recognition	Admission (Day 1)	Stabilization (Day 2)	Discharge/Transition (Day 3)
Order Sets	• Consider order set **(1162): NICOTINE REPLACEMENT**	• Use Order Set **(1282) PUL IP COPD Focused** • If patient will be admitted combine with order set 1530 General Admission or 829 ED Quick Admit Bridging • Use order set **(1384):** Influenza**/Pneumo Vaccine**		
Medical Milestones/ Discharge Criteria	**Clinical Indications for Admission to IP:** • Acute exacerbation w/pneumonia, dysrhythmia, CHF, pleural effusion, pneumothorax • Confusion, Lethargy, Coma • Acute Respiratory failure • Planned invasive hospital procedure • Severe Comorbid Condition	• Screen for Pneumococcal and Influenza status and administer if indicated (use order set 1384) • Titrate oxygen to the minimum amount required to keep saturations at spO2 90-92% • Tolerating increased activity	• Titrate oxygen to the minimum amount required to keep saturations at sp02 90-92% • If O2 Sat less than or equal to 88%, then arrange for home oxygen • Switch to PO antibiotics when procalcitonin normalizes and patient tolerating PO fluids • Patient tolerating increased activity	• If O2 Sat less than or equal to 88%, then arrange for home oxygen • Patient tolerating baseline activity level • Patient is able to eat and sleep without frequent awakening by dyspnea • Patient has been clinically stable for 12 to 24 hours
Consults	• Consider consult to pulmonologist (PCP or assign)	Consider • Dietician • PT Consult • Palliative Care • Pharmacy for total medication review • Pulmonary Medicine • Pulmonary Rehab	Consider for discharge: • Case Management consult • Social Work consult • Home Evaluation for Nebulizer and O2 • Pulmonary Rehab referral if patients qualify • Consult Respiratory Therapy to reinforce teaching	• Case Management to finalize discharge planning • Consider outpatient smoking cessation • Consider transition of care, post discharge-ensure follow-up appointments for PCP or pulmonologist within 7 days for 2 days for high risk for readmission
RT		• Initiate RT COPD Bronchodilator Protocol • Titrate oxygen to the minimum amount required to keep saturations at sp02 90-92% • ABG if ordered • Hyperinflation Assessment	• Consider discontinuing oxygen if not on home oxygen, and if sp02>=90%	• Consider discontinuing oxygen if not on home oxygen, and if sp02>=90%
Education		**Initiate Education on topics below**: • Breathing techniques • Acapella and inhaler technique • Tobacco Intervention if appropriate • Inhaled med management	**Review/Reinforce:**COPD Action Plan • Observe inhaler and Acapella technique • Reinforce Breathing Techniques • Respiratory therapy to review medication list and inhaler techniques • Smoking cessation (EBOS 1162)	**Review/Reinforce:** • COPD Action Plan • Observe inhaler and Acapella technique • Reinforce Breathing Techniques • Review new medications • Home bowel regimen • Reinforce Tobacco Intervention Plan
Assess/Treatment	• Assess for smoking status • Consider Pulmonary Function Testing on an outpatient basis, if no baseline has been performed. • Consider sputum culture to rule out infection • Consider differential diagnosis of Pulmonary Embolism • Refer to GOLD Guidelines to stratify severity level of COPD	• Document spO2 on Room Air • Oxygen titrate to minimum amount oxygen to keep saturations to spO2 90-92% • Refer to order set (1283) Subcutaneous Insulin Protocol for blood glucose checks and insulin treatment while patients are on steroids • DVT Prophylaxis	• Pulse Oximetry as ordered • Assess pulse oximetry during ambulation • Reassess pulse oximetry on RA for patients on nasal cannula • Consider repeat Procalcitonin, if levels increasing	
Medication	• Review Medications	• Initiate RT Frequency Bronchodilator Protocol – How often neb treatments given • Nicotine replacement if indicated (for non-ICU patients) • Procalcitonin, if on IV antibiotics. • Consider conversion of: IV to PO steroids/antibiotics	• Refer to GOLD guidelines for severity level and transitioning of medications -Transition to PRN nebulizer -Transition to oral steroids and antibiotics -Consider initiating long acting bronchodilators	• Review discharge medications • Verify vaccines administered
Activity		• Up in chair for all meals (as tolerated) • Ambulate three times a day with Spo2 monitoring. Encourage proper breathing techniques	• Up in chair for all meals (as tolerated) • Ambulate in hall 3 times a day	• Assure equipment at home including walker and/or oxygen if needed
Diet		• Nutritional Screening • For patients with NIV or oxygen mask: Consult RT before feeding • Monitor I&O	• Dietary consult if BMI less than 19 or consider if BMI is greater than 35	